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W. James Payne, Attorney at Law
4434 North Main St.
Shallotte, NC 28459

RE: Anthony Joseph Fritzinger
Docket No: 0417 4:20CR00081M-001

Dear Mr. Payne,

Thank you for allowing me the opportunity to provide you with a forensic psychological evaluation of your client, Anthony Jospeh Fritzinger (DOB: 7/25/1999) who was named in a 12-count Second Superseding Indictment filed in the Eastern District of North Carolina on April 4, 2024. Counts 1, 3, 5, and 7 charged Enticing a Child to Engage in Illegal Sexual Conduct from May 2019 to February 2020; from July 2019 to September 2019; from October 2019 to January 2020; and in February 2020, respectively, in violation of 18 U.S.C. § 2422(b). Counts 2, 4, 6, 8, and 9 charged Production of Child Pornography in July 2019; from August 2019 to September 2019; on October 19, 2019; in February 2020; and on February 20, 2020, respectively, in violation of 18 U.S.C. § 2251(a) and 18 U.S.C. § 2251(e). Count 10 charged Possession of Child Pornography on April 27, 2020, in violation of 18 U.S.C. § 2252(a)(4)(B). Counts 11 and 12 charged Use of the Internet to Promote an Unlawful Activity by Extortion (ITAR) on October 19, 2019, and February 23, 2020, respectively, in violation of 18 U.S.C. § 1952(a)(3). On August 21, 2024, Mr. Fritzinger pled not guilty and his case proceeded to trial. On September 12, 2024, he was found guilty of all counts which charged conduct that concluded on April 27, 2020.

As you recall, I was initially contacted regarding this matter in June of 2022 at which time a brief summation of the case was provided and referral issues delineated. Concerns were raised about the potential impact of Mr. Fritzinger's experience of and exposure to various adverse childhood events over the course of his developmental years on his psychological and emotional development as he has an adolescent history of inpatient psychiatric care predating his military service. Concerns were also raised about Mr. Fritzinger's mental state at the time of the offense conduct given his chronological age of 20 and the significance of what is known about young adult brain development, natural developmental immaturity and the impact on cognitive functioning and decision making. This report is designed to identify any developmental, psychological or emotional factors or psychiatric conditions that may be of relevance to the Court for mitigation and sentencing purposes and to offer recommendations for treatment.

DATA BASIC TO OPINION

As part of this assessment, this evaluator has been provided with relevant Discovery Material and collateral documents including family interviews, educational records, mental health records and excerpts of mental health and medical records from the United States Marine Corps. I have also been provided with the Pretrial Services Report completed by Senior US Probation Officer Kyle Brett, dated April 23, 2025. These sources of collateral data were reviewed prior to the preparation of this report.

This evaluator met with Mr. Fritzinger for clinical interviews at Brunswick County Detention Center on November 7, 2022, December 27, 2022, and May 31, 2023. All of these were contact visits. It is worth noting that at the initial session Mr. Fritzinger was informed of the purpose of the evaluation, potential uses of the data and limits of confidentiality. More specifically, he was informed that the evaluation had been requested by his attorney and that the information obtained through the assessment process would be shared with defense counsel and would be submitted to the Court in the form of a written report to assist in case disposition. He demonstrated a reasonable understanding and appreciation of the above warning. The evaluation proceeded on that basis. The clinical impressions in this report are based on an analysis of the available data and are subject to modification should additional information become available subsequent to the preparation of this report.

BRIEF SUMMARY OF FINDINGS

Anthony Fritzinger was born into what can best be described as an unstable and dysfunctional family environment that failed to provide him with the emotional support, nurturance and guidance he needed for optimal development and to address his significant emotional and behavioral needs. His developmental trajectory was negatively altered by his experience of and exposure to multiple adverse childhood events including verbal and physical abuse. He was helpless to control any of these variables during his developmental years and not surprisingly, his behavioral response to this adversity is what came to the attention of professionals and labeled. He was diagnosed with a neurobehavioral behavioral disorder (ADHD) and other behavioral disorders early on rather than thoroughly evaluating and identifying alternative underlying causes including anxiety and insecurity. Unfortunately, mental health treatment was brief, inconsistent and insufficient to meet Mr. Fritzinger's actual mental health needs.

Given the developmental impact of unaddressed trauma on emotional and psychological development, Mr. Fritzinger was not an ideal candidate for the rigors of service in the United States Marine Corps. He was emotionally immature and had very few adaptive coping skills to manage stress and other negative emotions. As is often the case in these situations, particularly for someone as young and developmentally immature as Mr. Fritzinger, his insight into his mental health needs and effect on his functional capacity was quite limited.

The current forensic evaluation has revealed the following relevant mitigating factors for consideration in sentencing:

- Chronological Age and Natural Developmental Immaturity
- Exposure to Multiple Adverse Childhood Experiences (ACEs) and trauma during developmental years
- Psychiatric Diagnoses of Childhood/Adolescence

- Attention Deficit Hyperactivity Disorder (ADHD) Combined Type
- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- Conduct Disorder (Rule out)*
- Generalized Anxiety Disorder (GAD)

*These diagnoses were considered by psychiatric providers yet there was insufficient information at the time of the evaluation to either confirm or rule them out.

RELEVANT BACKGROUND INFORMATION

The social history was obtained by Mr. Fritzinger and verified, to the extent possible via collateral documents and family information provided by his mother, Christina Finucan. Mr. Fritzinger was born in Long Branch, New Jersey, to the non-marital union of Joseph Anthony Castro and Christina Finucan. Per the PSR, Mr. Fritzinger's father resides in Jackson, New Jersey and his mother and resides in Middletown, New Jersey, and works in real estate.

Collateral records note a family history of instability and separation with Mr. Fritzinger being estranged from his biological father during his developmental years. He did not meet his father until he was 18 and they do not have much of a relationship. Mr. Fritzinger was raised by his mother until the age of two when she met Mr. Fritzinger's stepfather, Daniel Finucan. Mr. Fritzinger has two maternal half-siblings and at least one paternal half-brother.

Per the PSR, Mr. Fritzinger was raised in New Jersey and had several out of home placements with aunts, and his maternal grandmother during his childhood and adolescence which was confirmed in psychiatric treatment records. Mr. Fritzinger reported he felt his family did not care about him nor pay attention to him. In the PSR, Mr. Fritzinger noted he began to experience abuse and neglect around the age of four (age unverified). He reported recollections of being hit and choked by his stepfather, verbally abused and called "bad things," and was "kicked out of the house" leading to alternate living arrangements. Mr. Fritzinger reported he was also verbally abused by his mother at times, whom he believed was also the victim of domestic abuse. Mr. Fritzinger described his stepfather as very controlling of his mother, not allowing her to have typical independence and freedoms such as having her own debit card. He believes the abuse he suffered was at his stepfather's direction. During Mr. Fritzinger's psychiatric hospitalization at age 16, he reported verbal abuse "all his life" and physical abuse by his mother. He reported ongoing conflict with his stepfather. It is unclear whether the Department of Social Services or Child Protective Services were involved with this family given the reports of abuse to professionals. Per the PSR, Mr. Fritzinger reported CPS became involved with his family; however, there was no intervention because their "home was clean and stocked with food."

As noted in the PSR, Mrs. Finucan confirmed her son was emotionally and verbally abused by his stepfather throughout his childhood. She further noted that their whole family suffered abuse by Mr. Finucan and she allowed it to continue because her husband was the provider of the family. She indicated she struggled to find ways to help her son, other than taking him for mental health treatment which was inconsistent. Mrs. Finucan recalled a time when the defendant tried to tell his medical professional about

his difficult and abusive home life, yet she reportedly stopped him from disclosing and "made him lie" to the doctor. She then reportedly changed mental health providers.

Mr. Fritzinger graduated from South River High School in South River, New Jersey in June of 2017. He resided in New Jersey until June of 2018, when he joined the United States Marine Corps and left for basic training which was completed in South Carolina and California. He served in the United States Marine Corps until Sept 7, 2020, and achieved the rank of E-3. From 2019 until his arrest, Mr. Fritzinger resided at Marine Corps Air Station Cherry Point, North Carolina. Mr. Fritzinger was administratively separated from service on November 13, 2020, with an "other than honorable discharge" following his arrest in the above captioned mater.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

The term Adverse Childhood Experiences (ACEs) refers to a range of traumatic events that a child can experience prior to the age of 18, which encompasses critical stages of brain and social development. These include physical, emotional or sexual abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, or the loss of a parent through divorce, death or incarceration. When a child is raised in an unsafe or unstable environment, it can significantly and negatively affect brain development and has considerable implications throughout the lifespan. Studies have consistently shown that Adverse Childhood Experiences (ACEs) are very common, but largely unrecognized, rarely occur in isolation and have a cumulative stressor effect, or dose-dependent relationship, meaning, the higher the number of ACEs, the higher the health and mental health risks are over the lifespan with cumulative childhood exposure.

Chronic adversity, in the absence of adequate adult support or intervention services, can disrupt neurodevelopment and is the most basic and long-lasting cause of health risk behaviors, mental illness, social malfunction, disease, disability, death, and healthcare costs. For example, exposure to trauma is associated with an increased vulnerability to develop psychiatric disorders such as Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD). ACEs have been linked to adult onset of mood disorders and suicide and there has been substantial research on violence as a result of adverse childhood events. As an ACE score increases (0-10), so does the risk**; an ACE score of 4 or more is associated with serious risks**. It is also noteworthy that more recent studies have identified lower thresholds, ranging from one to three ACEs, as the tipping point at which risk increases greatly yet there are multiple factors that account for individual variation in response to adversity, including genetic predispositions and other biological characteristics, as well as contextual factors such as supportive adult relationships.

<u>Personal Factors of Abuse and Neglect</u>

- Verbal abuse*
- Physical Abuse*
- Sexual Abuse
- Physical Neglect
- Emotional Neglect*

<u>Household Dysfunction/Factors Related to Others:</u>

- Parental Substance Abuse
- Mother as a victim of Domestic Violence*

- Family member diagnosed with a Mental Illness*
- Loss of parent through divorce, death or abandonment*
- Family member Incarcerated

*ACEs that Mr. Fritzinger experienced. Of his known history, a **score of at least 6 out of 10 highlights the serious risk** associated with his developmental exposure.

DEVELOPMENTAL IMPACT of ACEs

The science of early childhood development tells us that the foundation for healthy psychological development is built early in life, as early experiences shape the architecture of the developing brain. Development of the human brain is complex and while early experiences have the capacity to shape the brain positively to enable the development of critical developmental competencies there is also the potential for adverse exposures such as trauma-related stress to cause maladaptive developmental changes. For example, as attention can be compromised, children often have difficulties learning, acquiring new skills and taking in and processing new information. Trauma exposure can have a significant impact on cognitive abilities, memory and executive functioning with impairments manifesting as difficulties with problem solving, decision making, impulse control and flexible thinking. These difficulties can manifest as cognitive and learning disorders as well as neurodevelopmental disorders such as Attention Deficit Hyperactivity Disorder (ADHD). Mrs. Finucan reported her son began to display symptoms of ADHD as a toddler and he began to receive psychotropic medication (unspecified) in kindergarten. By the third grade, when task demands become increasingly difficult and more independence is generally required by students in managing their academics, Mr. Fritzinger's symptoms again became problematic. Mrs. Fincuan reported medical professionals struggled to find the right medication for him.

It is not surprising that children whose brain development is affected by developmental trauma or adversity have a much higher risk for academic failure, mental illness and substance abuse disorders. They are more likely to engage in high-risk behaviors and illegal activities. Research overwhelmingly supports the impact of early life experiences on the developing brain. Adolescents involved in the criminal justice system have experienced childhood adversity and trauma at higher rates than the general population.[1] Some research estimates up to 90% of court involved youth have experienced at least one adverse experience and more than 20% meet criteria for PTSD. Although an individual's response to traumatic events is unique and dependent on a variety of factors, and many youths are resilient, research has consistently shown that childhood trauma has serious life changing effects and the younger the age, the longer the duration, and the more severe the maltreatment, typically the more psychologically damaging and/or the more maladaptive the effects.

Moreover, neurobiological changes during adolescence increase vulnerability to the maladaptive effects of trauma, stress and adversity and can influence cognitive and executive functioning or abilities that enable individuals to control and organize their thoughts and actions. These executive function skills are

[1] Center for Law, Brain & Behavior at Massachusetts General Hospital (2022). White Paper on the Science of Late Adolescence: A Guide for Judges, Attorneys and Policy Makers (January 27th, 2022) https://clbb.mgh.harvard.edu/white-paper-on-the-science-of-late-adolescence/

also compromised by neurobehavioral disorders such as ADHD, manifesting and being diagnosed very early on for Mr. Fritzinger.

MENTAL HEALTH HISTORY

Unfortunately, mental health records have not been received to outline the diagnostic and treatment services Mr. Fritzinger received to address his early onset ADHD. It is unclear how consistent the family was with treatment and how many providers they engaged with as Mrs. Fincuan noted changing providers due to concerns regarding abuse allegations as well as discontinuing treatment due to medication side effects and perceived ineffectiveness. In early September of 2015, at the age of 16, Mr. Fritzinger was psychiatrically evaluated at Monmouth Medical Center due to reports of him "losing control" and punching a counter the evening prior and then leaving the home for two hours. Mrs. Fincuan and her mother provided historical data noting that Mr. Fritzinger's behavior had become problematic and he was more argumentative with his mother which escalated to a physical confrontation leading to him moving to his grandmother's home in April of 2015. They noted that Mr. Fritzinger had become more defiant and argumentative with his grandmother over the last two months and had revealed he feels depressed. Maternal family history was noted to be positive for depression. Mr. Fritzinger was not taking any psychotropic medication at that time and was not involved in mental health treatment. During this evaluation Mr. Fritzinger noted he did not want to return to his mother's home.

An assessment of Mr. Fritzinger's mental status revealed he was very anxious and a self-described worrier. The provider noted Mr. Fritzinger's thoughts were linear but rigid and "he is very literal and presents with other symptoms of Asperger's." Numerous situational stressors were identified with family dysfunction and limited support. Mr. Fritzinger was diagnosed with Generalized Anxiety Disorder (GAD) and, as he was not deemed a danger to himself or others, he was released and scheduled for a community-based outpatient therapy appointment the following week.

Shortly thereafter, on September 14, 2015, Mr. Fritzinger was admitted to Summit Oaks Psychiatric Hospital Child and Adolescent Unit for nine days following a physical altercation with his maternal grandmother. Mr. Fritzinger reported that his grandmother pushed him first, he pushed her back and then an Aunt became involved. Law enforcement was called and Mr. Fritzinger was transported to the local emergency department for a psychiatric evaluation. During the admission assessment, Mr. Fritzinger's mother reported a long history of violent behaviors in the home which led to him living with his grandmother. Prior mental health history was noted as outpatient treatment and mobile response (generally crisis driven) but no psychotropic medications.

Psychiatric assessment revealed mood lability (fluctuating), poor insight and judgment. Mr. Fritzinger was also noted to minimize his behavior and project blame onto his home environment for his behavioral responses. Interactions between Mr. Fritzinger and his mother were described as "very tense" and "they were argumentative at times and could not agree on what really goes on at home." Of note, Mr. Fritzinger complained that other than the family meeting, he had no family contact or visits during the course of his hospitalization.

Mr. Fritzinger was started on Abilify, an antipsychotic medication, often used in the treatment of Bipolar Spectrum Illnesses for mood stability as well as to treat irritability and behavioral disturbances. Notes indicate he responded well to the medication with a brightening of affect and the absence of anger and

agitation. He was discharged to his grandmother on Abilify with outpatient follow-up treatment recommended. Prognosis was listed as guarded. No other mental health records have been received and it is unclear if Mr. Fritzinger received any follow-up treatment including medication management services.

NAVAL HEALTH CLINIC CHERRY POINT

During his brief active-duty service Mr. Fritzinger was evaluated by Staff Psychologist, LT Julia von Heeringen, Psy.D. at the request of his medical provider due to vague neurological complaints and pain and muscle weakness unexplained by medical imaging findings. As such, concerns were raised about a somatic symptom disorder or conversion disorder, both psychiatric conditions, as possible better explanations for Mr. Fritzinger's neurological complaints and "increase in instances of blackouts" after his crutch had been taken away. Mr. Fritzinger's problematic relationships with his family members during his childhood and adolescence and their responses to his previous illnesses and injuries were thought to be a "salient component" of his pain experience.

Results of psychological testing assessing personality functioning and psychopathology, revealed a pattern of responses associated with acute distress and limited coping mechanisms for dealing with emotional and environmental demands. While the testing was valid, Mr. Fritzinger endorsed some unusual beliefs and concerns and other infrequently endorsed items such that the clinical scales were interpreted with those considerations in mind and "possible exaggerated presentation." Bearing that in mind, Dr. Heeringen noted that the clinical profile suggested Mr. Fritzinger was "struggling with severe distress and longstanding psychological concerns. He consistently endorsed items associated with poor self-esteem, general maladjustment, and interpersonal instability." She stated that Mr. Fritzinger's "response pattern is indicative of depressive symptoms and a deep sense of dissatisfaction with himself, as well as mistrust and hostility towards others." Dr. von Heeringen noted that Mr. Fritzinger showed impaired social functioning and emotional processing as well as an unusual focus on somatic complaints and physical health. Further, testing revealed that Mr. Fritzinger was "likely to perform poorly in the workplace and engage in inappropriate and manipulative behavior in social relationships." Dr. Heeringen concluded that the broad elevation across the clinical and other scales appeared to be driven by characterological (personality) pathology, with notable Cluster B traits. Cluster B personality disorders are characterized by dramatic, emotional, or erratic behaviors. Individuals with these disorders tend to have intense emotions, unstable relationships, and impulsive behaviors. They often struggle with managing their emotions, maintaining healthy relationships, and forming a stable sense of self. Cluster B personality disorders include Borderline Personality Disorder which is rather common in individuals who have a trauma history.

Given the findings of the assessment, particularly interpersonal maladjustment and poor distress tolerance, Dr. Heeringen opined that Mr. Fritzinger might struggle in the military environment and "he is likely to decompensate when faced with even minor stressors." In other words, personality pathology is generally inconsistent with suitability for continued military service. Mr. Fritzinger was diagnosed with Other specified Personality Disorder, Cluster B traits.

ANALYSIS and OPINIONS

In Mr. Fritzinger's case, the relevant mitigating factors identified through this evaluation include persistent developmental trauma and adversity in the form of childhood abuse and neglect, severe familial

dysfunction and instability, compounded by the immaturity of youth and the lack of consistent and appropriate mental health assessment and treatment interventions.

Childhood experiences are the lens through which we perceive the world, and the ACEs framework is offered to highlight how these critical experiences undoubtedly changed the life of this young man and his developmental trajectory and it's important for us to consider how things might have been different had he not been exposed and/or had support or critical intervention services.

The theme throughout the reviewed records and collateral interviews was chronic family dysfunction, insufficient support, and inconsistent participation in mental health treatment. As Mrs. Fincuan reported, the family was under considerable stress given the domestic abuse in the household and it is very likely that she did not have the emotional resources to support her son in the ways he needed to positively impact his developmental trajectory. Unfortunately, he did not receive the structure, consistency, support or treatment to meet his level of need and support optimal growth and development.

Mr. Fritzinger presents a complex diagnostic picture given his childhood adversity and lack of consistent support and protective factors. His behavioral dysregulation was noted very early on, as a toddler and he was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Neurobehavioral disorders such as ADHD, are quite commonly co-occurring in children who have other co-existing or co-morbid psychiatric disorders which became evident in Mr. Fritzinger's case. While the acting out and aggression, poor emotional and behavioral control described in his records and by collaterals is symptomatic of ADHD these symptoms could also have been more reflective of the chaos and instability in which he was being raised. Unfortunately, reactions to trauma are sometimes misdiagnosed as symptoms of Attention Deficit Hyperactivity Disorder (ADHD) or other behavioral disorders such as Oppositional Defiant Disorder (ODD) and later Conduct Disorder because kids dealing with adverse experiences may be impulsive, hyperactive and act out with anger or other strong emotions which can be mischaracterized as oppositional behavior versus the product of anxiety, insecurity or trauma. The behaviors quickly come to the attention of educational staff and often mental health professionals who diagnose based on the observable behavior rather than trying to understand the underlying causes of the behavior. In other words, individuals who have been traumatized process information via emotions rather than cognitions and can be very reactive so their behaviors very often look like ADHD and other behavioral disorders as the core of traumatic stress is an inability to regulate emotions.

Mr. Fritzinger was eventually diagnosed with Generalized Anxiety Disorder (GAD) in the context of a brief psychiatric assessment which captures some of those symptoms that had likely been present and driving his emotional dysregulation for many years, yet a thorough diagnostic evaluation was not completed and no medications were prescribed. Additionally, there was no follow-up diagnostic assessment to determine whether Mr. Fritzinger met criteria for an Autism Spectrum Disorder (ASD) despite observations of symptoms associated with Asperger's Syndrome, a developmental disorder, also referred to as "high-functioning Autism," characterized by difficulties in social interaction and communication. While at that time it was a separate diagnosis, it is now considered part of the broader Autism Spectrum Disorder (ASD).

Mr. Fritzinger was hospitalized shortly after this brief evaluation due to ongoing emotional behavioral dysregulation. Despite this psychiatric hospitalization it doesn't appear Mr. Fritzinger received consistent mental health follow-up prior to enlisting in the Marine Corps.

As noted above, the cumulative and persistent nature of Mr. Fritzinger's developmental experiences created a psychological vulnerability and elevated his risk for the development of a variety of mental health conditions including mood and anxiety disorders as well as characterological issues. Childhood trauma can create vulnerabilities in the way individuals perceive themselves and others, leading to difficulties in forming healthy attachments and relationships. These difficulties can contribute to the development of dysfunctional personality traits and patterns which is reflective in the diagnostic impressions of Mr. Fritzinger's military providers. In my analysis of the data and Mr. Fritzinger's developmental history it is clear that he is socially immature and does not know how to have his needs met in an age and socially appropriate manner. His longstanding history of impaired social relationships, fears of abandonment, and manipulative behaviors are characteristic of Borderline Personality Disorder which is commonly seen in individuals with trauma histories.

AGE AND CHARACTERISTICS OF YOUTH

Equally as important as Mr. Fritzinger's psychological and emotional functioning is his age at the time of the offense, 20, and an understanding of adolescent and young adult brain development and immaturity. Although most states recognize 18 as the age at which adolescents reach adulthood, the scientific community has long recognized that chronological age and brain maturity are not parallel processes and the brain continues to develop in very critical areas until the mid-twenties, approximately age 25. Young adult brains are different both structurally and chemically and the prefrontal cortex, the command center of the brain, which houses the executive function skills and higher order thinking and reasoning abilities, is the last to mature. Stated more simply, Mr. Fritzinger was not equipped to think, reason and make decisions with a future orientation like an adult.

Late adolescence and young adulthood is a critical developmental period where individuals are predisposed to impulsive, irresponsible and poor decision making. Their ability for higher level, advanced and abstract thinking, reasoning, deliberating, problem solving, decision making, judgment and impulse control are naturally immature and not equal to that of an adult. The sensitivity to immediate rewards with present-focused decision- making versus future orientation is heightened and young adults naturally have an underdeveloped sense of responsibility. These are temporary and developmentally expected characteristics that typically diminish with age and maturity. That is why criminal misconduct usually reflects the transient immaturity of youth and also highlights the capacity for growth and change.

PROSPECT FOR REHABILITATION

There is little doubt that persistent adverse childhood experiences, combined with lack of support and protective factors, that have permeated Mr. Fritzinger's life since his earliest years have contributed to his impairments in reasoning, judgment, decision making, and behavioral controls.. His chronological age and natural developmental immaturity, key factors here, have been further negatively impacted by his neurobehavioral deficits associated with ADHD and largely untreated psychiatric conditions.

That said, given his chronological age, Mr. Fritzinger's brain is still developing from both a structural and functional perspective and poised for learning. As he progresses into his mid-twenties, his personality features and identity will continue to evolve and settle through maturation and there is significant opportunity for prosocial learning and adaptation.

POSITIVE PROGNOSTIC INDICATORS

The following positive prognostic indicators are central to a consideration of Mr. Fritzinger's rehabilitation potential and risk analysis:

- Age, growth potential and rehabilitation potential with natural developmental maturity
- Introspection and motivation for mental health treatment to assist him in processing his trauma history and understanding the effects on his personality development and self-concept.
- Desire to learn adaptive coping strategies to manage his negative emotions
- No history of substance abuse

TREATMENT RECOMMENDATIONS

Mr. Fritzinger has expressed a desire to take every opportunity available for personal growth and development while in the BOP including mental health services to more fully understand the effects of his developmental history and trauma on his personality and psychological functioning. Mr. Fritzinger has received inconsistent and insufficient mental health evaluation and treatment throughout his life. He would benefit from the following:

- Comprehensive diagnostic assessment for differential diagnostic purposes. Mr. Fritzinger has been diagnosed with psychiatric conditions of childhood and adolescence that may or may not be accurate as his presenting symptoms at the time of diagnosis may have been more reflective of his trauma history and chronic instability.
- Individual therapy aimed at assisting Mr. Fritzinger in processing his developmental trauma history to address the effects on his thinking, perceptions, personality functioning, and self-concept is strongly recommended. An integration of existing evidence-based treatments, including EMDR and Cognitive Processing Therapy (CPT) may be most helpful. Dialectical Behavior Therapy (DBT) is an evidence-based psychotherapy that is aimed at treating personality disorders and teaching skills for distress tolerance and managing interpersonal conflicts. DBT helps individuals understand and manage their emotions, recognize triggers and develop skills to regulate emotional responses.
- Educational/vocational opportunities to enable Mr. Fritzinger to gain additional marketable job skills to be able to provide for himself upon release to the community and mitigate risk for relapse.

While not in any way excusing Mr. Fritzinger's criminal conduct, it is hoped that this information provides you with a better understanding of the impact of his life experiences on his overall development and functioning at the time of the offense and his capacity for growth and rehabilitation, particularly with the appropriate support and treatment services he needs.

Respectfully submitted,

Jennifer Sapia, Ph.D.

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